COOK COUNTY PRESIDENT

TONI PRECKWINKLE

*PERMIT NUMBER:

*SIGNATURE

REVISED 12/12/11



BUREAU OF ADMINISTRATION DEPARTMENT OF ENVIRONMENTAL CONTROL

DEBORAH C. STONE

Director

Mailed Check #

69 West Washington - Suite 1900 Chicago, Illinois 60602-3004 TEL: (312) 603-8200 FAX: (312) 603-9828

All Revisions on this form subject to a \$55 processing fee ENVIRONMENTAL CONTROL REVISION APPLICATION

ALL SUP/O&M PROJECTS MUST BE

*Phone Number: *Fax Number:					COMMERCIAL RESIDENTIAL			
*IS CONTRACTOR BEING CHANGED? Yes					*IS SITE BEING CHANGED? YesU			
*Name:					*SITE OWNER'S NAME:			
*Contractor Address: *City/Zip Code:					* SITE Address: *City/Zip Code:			
*Original Start Date	Date Date		TIME CHANC HOLDE CANCELE REFUND		GES	Changes to footage	Waste Transporter	Disposal Site change
New Start								
•			1.					
*			2.	1				
•			3.					
•			4.					
•			5.					
•			6.					
		Spec	ial Circum	stanc	es/No	es to consider		
► THIS FORM DAYS PRIOR	IS NOT RE FO THE DA ES MADE	ECEIVED IN ATE (S) BE MUST BE	FOLLOWIN NOUR OF NG MOD BY THE C	G REA FICE IFIEI ORIGI	ISONS I PER () ANAI	LISTED BELOW: OUR FAX TIM! L APPLICANT!	ION TO THE SENDER E STAMP <u>AT LEA</u> AGENT OF RESPE	ST 2 BUSINESS
All permits are (NLY valid	for 30 days	at a time r	evisio	ons req	uest beyond 30	day interval will be to be accepted if lej	adjusted

DATE

* TITLE OF SENDER